UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re:

Case No. 08-31800

MICHAEL PATRICK GANZER SUZANNE MARIE GANZER Debtor(s)

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Glenn Stearns, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 11/20/2008.
- 2) The plan was confirmed on 02/19/2009.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. \S 1329 on NA .
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on $\frac{11}{25}$ (2009).
 - 5) The case was dismissed on 02/12/2010.
 - 6) Number of months from filing to last payment: <u>13</u>.
 - 7) Number of months case was pending: <u>17</u>.
 - 8) Total value of assets abandoned by court order: <u>NA</u>.
 - 9) Total value of assets exempted: \$66,175.00.
 - 10) Amount of unsecured claims discharged without payment: \$0.00.
 - 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor \$20,750.00 Less amount refunded to debtor \$0.00

NET RECEIPTS: \$20,750.00

Expenses of Administration:

Attorney's Fees Paid Through the Plan \$654.00
Court Costs \$0.00
Trustee Expenses & Compensation \$1,103.50
Other \$0.00

TOTAL EXPENSES OF ADMINISTRATION:

\$1,757.50

Attorney fees paid and disclosed by debtor: \$2,846.00

Scheduled Creditors:						
Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
ADVANCED UROLOGY ASSOC	Unsecured	250.00	NA	NA	0.00	0.00
AMERICAN GENERAL FINANCE	Unsecured	4,800.00	NA	NA	0.00	0.00
AMERIFIRST HOME IMPROVEMENT	Secured	295.00	294.11	294.11	52.01	0.00
AMERIFIRST HOME IMPROVEMENT	Secured	NA	0.00	0.00	2,065.99	0.00
ANESTHESIA ASSOCIATES	Unsecured	400.00	NA	NA	0.00	0.00
ASSETCARE INC	Unsecured	200.00	NA	NA	0.00	0.00
ASSOCIATED ANESTHESIOLOGIST JT	Unsecured	230.00	NA	NA	0.00	0.00
CAB SERVICES INC	Unsecured	260.00	NA	NA	0.00	0.00
CARRINGTON MORTGAGE SERVICES	Secured	NA	0.00	0.00	15,716.37	0.00
CARRINGTON MORTGAGE SERVICES	Secured	6,210.00	6,209.05	6,209.05	1,098.06	0.00
CCA	Unsecured	800.00	NA	NA	0.00	0.00
CHILDRENS MEMORIAL HOSPITAL	Unsecured	930.00	NA	NA	0.00	0.00
CINGULAR WIRELESS	Unsecured	2,100.00	NA	NA	0.00	0.00
CITIFINANCIAL AUTO	Unsecured	8,000.00	9,067.06	9,067.06	0.00	0.00
CREDITORS COLLECTION	Unsecured	4,200.00	8,357.18	8,357.18	0.00	0.00
DOCTORS OFFICENTER OF ILLINOIS	Unsecured	300.00	NA	NA	0.00	0.00
ECHELON RECOVERY	Unsecured	1,300.00	NA	NA	0.00	0.00
ENT SURGICAL CONSULTANTS	Unsecured	50.00	NA	NA	0.00	0.00
FISCHER MANGOLD	Unsecured	600.00	NA	NA	0.00	0.00
HFC/BENEFICIAL	Secured	100.00	100.00	100.00	59.13	0.94
HSBC	Unsecured	9,200.00	NA	NA	0.00	0.00
HSBC	Unsecured	1,200.00	NA	NA	0.00	0.00
ICS	Unsecured	50.00	NA	NA	0.00	0.00
ILLINOIS DEPT REVENUE	Priority	750.00	4,219.94	4,219.94	0.00	0.00
ILLINOIS DEPT REVENUE	Unsecured	NA	482.88	482.88	0.00	0.00
ILLINOIS STUDENT ASSIST COMM	Unsecured	7,500.00	7,805.85	7,805.85	0.00	0.00
INTERNAL REVENUE SERVICE	Unsecured	6,700.00	3,254.67	3,254.67	0.00	0.00
JD BROWN CO	Unsecured	250.00	NA	NA	0.00	0.00
JOLIET DOCTORS CLINIC SC	Unsecured	800.00	200.00	200.00	0.00	0.00
JOLIET EMERGENCY PHYSICIANS	Unsecured	600.00	NA	NA	0.00	0.00
JOLIET RADIOLOGY	Unsecured	50.00	NA	NA	0.00	0.00

Scheduled Creditors:						
Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
MRSI	Unsecured	50.00	NA	NA	0.00	0.00
PATHOLOGY LAB CONSULTANTS	Unsecured	200.00	NA	NA	0.00	0.00
PAYDAY LOAN STORE	Unsecured	950.00	NA	NA	0.00	0.00
PORTFOLIO RECOVERY ASSOC	Unsecured	2,900.00	2,723.73	2,723.73	0.00	0.00
PORTFOLIO RECOVERY ASSOC	Unsecured	800.00	807.45	807.45	0.00	0.00
PORTFOLIO RECOVERY ASSOC	Unsecured	200.00	284.97	284.97	0.00	0.00
QUEST DIAGNOSTICS	Unsecured	40.00	NA	NA	0.00	0.00
RESURGENT CAPITAL SERVICES	Unsecured	2,000.00	1,840.66	1,840.66	0.00	0.00
RESURGENT CAPITAL SERVICES	Unsecured	500.00	681.93	681.93	0.00	0.00
REZIN ORTHOPEDIC CENTERS	Unsecured	600.00	NA	NA	0.00	0.00
ROUNDUP FUNDING LLC	Unsecured	NA	1,628.19	1,628.19	0.00	0.00
ROUNDUP FUNDING LLC	Unsecured	1,600.00	1,876.77	1,876.77	0.00	0.00
SILVER CROSS HOSPITAL	Unsecured	1,500.00	0.00	0.00	0.00	0.00
SOUMA DIAGNOSTICS LTD	Unsecured	50.00	NA	NA	0.00	0.00
VYRIDIAN REVENUE MANAGEMENT	Unsecured	825.00	840.20	840.20	0.00	0.00

Claim	Principal	Interest
Allowed	<u>Paid</u>	<u>Paid</u>
\$0.00	\$17,782.36	\$0.00
\$6,503.16	\$1,150.07	\$0.00
\$0.00	\$0.00	\$0.00
\$100.00	\$59.13	\$0.94
\$6,603.16	\$18,991.56	\$0.94
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$4,219.94	\$0.00	\$0.00
\$4,219.94	\$0.00	\$0.00
\$39,851.54	\$0.00	\$0.00
	\$0.00 \$6,503.16 \$0.00 \$100.00 \$6,603.16 \$0.00 \$0.00 \$4,219.94 \$4,219.94	Allowed Paid \$0.00 \$17,782.36 \$6,503.16 \$1,150.07 \$0.00 \$0.00 \$100.00 \$59.13 \$6,603.16 \$18,991.56 \$0.00 \$0.00 \$0.00 \$0.00 \$4,219.94 \$0.00 \$4,219.94 \$0.00 \$0.00 \$0.00

Disbursements:	
Expenses of Administration	<u>\$1,757.50</u>
Disbursements to Creditors	<u>\$18,992.50</u>

TOTAL DISBURSEMENTS: \$20,750.00

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 04/20/2010 By: /s/ Glenn Stearns

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.